Agenda

• Medicaid & CHIP and the COVID-19 Public Health Emergency: Preliminary Medicaid & CHIP Data Snapshot of Services through October 31, 2020

• Follow Up Questions on Section 9817 of the American Rescue Plan Act

• Open Mic Q and A
Medicaid & CHIP and the COVID-19 Public Health Emergency

Preliminary Medicaid & CHIP Data Snapshot

Services through October 31, 2020
Medicaid & CHIP Content Overview

**Medicaid and CHIP Population:** Based on an analysis of T-MSIS submissions, as of October 2020, over 100 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities, were enrolled across each state’s Medicaid or the Children’s Health Insurance Program (CHIP) for at least one day during the year. About 43% of beneficiaries were children, which translates to nearly 43 million beneficiaries. Approximately 54% of beneficiaries were female, 43% were male, and 9% were over the age of 65. 13% of the population is dually-eligible for Medicare and Medicaid. 31% of the population is white, 27% of the population is of unknown race, 21% is Hispanic, 16% is black, 4% is Asian, and 2% is American Indian and Alaska Native, Hawaiian/Pacific Islander, or multiracial.

**COVID-19 Treatment Rate:** We use the following International Classification of Diseases (ICD), Tenth Revision (ICD-10), diagnosis codes to identify beneficiaries who received treatment for COVID-19:

- B97.29 (other coronavirus as the cause of diseases classified elsewhere) – before April 1, 2020

Although CMS does use lab claims for identifying COVID-19 treatment, CMS does not receive lab results from states and cannot determine whether a lab test was positive. Therefore, Medicaid & CHIP COVID-19 cases are only identifiable in TAF data when there is a corresponding COVID-19 related service.

**Medicaid and CHIP Data Processing:** Medicaid and CHIP providers, managed care organizations, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those agencies subsequently submit the data to CMS on a monthly basis via T-MSIS. These submissions have considerable variation in terms of completeness and quality. CMS processes states’ submissions and transforms them into the T-MSIS Analytic Files (TAF), which form the basis of this analysis. Given this process, there may be a significant “claims lag” between when a service occurs and when it is represented in TAF. Therefore, users should interpret the results with caution.

**Data Quality Concerns:** The results are based on T-MSIS submissions through December 2020, which include services through the end of November 2020. Because data for November are mostly incomplete, results are only presented through October 31, 2020. For additional information regarding state variability in data quality, please refer to the TAF DQ Atlas.
What You Should Know When Using The Data

**Claims Lag:** You should use caution when interpreting our data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered. Historically, 90% of FFS claims across all claims types are submitted within 7 months, while 90% of encounters across all claims types are submitted within 12 months. There is significant variation across states, with some states submitting 90% of all claims within only 4 months, while other states take nearly a year. On average, states need 9 months to submit 95% of all claims.

<table>
<thead>
<tr>
<th>Percent of Medicaid &amp; CHIP Inpatient claims received by months after service was delivered (based on March 2018 service date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months after service</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Fee-for-service Claims Submission, %</strong></td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Long-term care</td>
</tr>
<tr>
<td>Other services</td>
</tr>
<tr>
<td>Prescription drug</td>
</tr>
<tr>
<td><strong>Managed Care Encounters Submission, %</strong></td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Long-term care</td>
</tr>
<tr>
<td>Other services</td>
</tr>
<tr>
<td>Prescription drug</td>
</tr>
</tbody>
</table>

*Less than 50 percent of claims submitted

^Greater than 90 percent of claims submitted
State Variation in Inpatient Hospital Claims Lag

**Claims Lag:** Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag”, between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

**Inpatient Hospital file:** The Inpatient Hospital (IP) file contains inpatient institutional claims, which are included based on the month and year of the discharge date or the most recent service end date associated with the claim if the discharge date is missing. Historically, 90% of both FFS and encounter inpatient claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

### Percent of Medicaid & CHIP Inpatient Hospital claims received by months after service was delivered (based on March 2018 service date)

<table>
<thead>
<tr>
<th>Months after service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fastest claims submission, Inpatient Hospital Claims %</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>50.2</td>
<td>76.2</td>
<td>83.1</td>
<td>87.6</td>
<td>89.6</td>
<td>91.0^</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>43.5^*</td>
<td>65.8</td>
<td>70.2</td>
<td>72.6</td>
<td>78.8</td>
<td>80.1</td>
</tr>
<tr>
<td>Wyoming</td>
<td>39.9^*</td>
<td>73.6</td>
<td>84.2</td>
<td>89.1</td>
<td>92.2^</td>
<td>93.9^</td>
</tr>
<tr>
<td>Connecticut</td>
<td>37.3^*</td>
<td>86.1</td>
<td>92.1^</td>
<td>95.6^</td>
<td>96.9^</td>
<td>97.9^</td>
</tr>
<tr>
<td><strong>Longest claims submission, Inpatient Hospital Claims %</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>0.0*</td>
<td>15.6*</td>
<td>68.7</td>
<td>83.9</td>
<td>87.6</td>
<td>89.3</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>0.0*</td>
<td>5.2*</td>
<td>20.3*</td>
<td>40.2*</td>
<td>50.2</td>
<td>69.1</td>
</tr>
<tr>
<td>Hawaii</td>
<td>0.2*</td>
<td>16.9*</td>
<td>58.8</td>
<td>76.4</td>
<td>82.6</td>
<td>86.5</td>
</tr>
<tr>
<td>Illinois</td>
<td>1.6*</td>
<td>10.5*</td>
<td>35.3*</td>
<td>51.6</td>
<td>62.0</td>
<td>69.0</td>
</tr>
</tbody>
</table>

*Less than 50 percent of claims submitted
^Greater than 90 percent of claims submitted
State Variation in Other Services Claims Lag

**Claims Lag:** Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag”, between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

**Other Services file:** The Other Services file contains outpatient facility claims and professional claims. This includes, but is not limited to: physician services, outpatient hospital services, dental services, other physician services (e.g., chiropractors, podiatrists, psychologists, optometrists, etc.), clinic services, laboratory services, X-ray services, sterilizations, home health services, personal support services, and managed care capitation payments. Historically, 90% of both FFS and encounter Other Services claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

| Percent of Medicaid & CHIP Other Services claims received by months after service was delivered (based on March 2018 service date) |
|---------------|-------|-------|-------|-------|-------|-------|
| Months after service | 1     | 2     | 3     | 4     | 5     | 6     |
| Fastest claims submission, Other Services Claims % |
| Colorado       | 58.0  | 86.9  | 91.6^ | 95.1^ | 96.1^ | 97.2^ |
| Nebraska       | 49.7* | 83.4  | 90.9^ | 93.5^ | 94.8^ | 96.4^ |
| South Dakota   | 40.3* | 84.6  | 92.8^ | 95.8^ | 97.0^ | 98.4^ |
| Arkansas       | 39.1* | 80.8  | 87.8  | 90.4^ | 93.2^ | 96.1^ |
| Longest claims submission, Other Services Claims % |
| Hawaii         | 5.0*  | 43.8* | 76.6  | 85.7  | 88.3  | 89.7  |
| Illinois       | 4.9*  | 33.2* | 48.7^ | 60.3  | 63.3  | 74.2  |
| Missouri       | 2.9*  | 46.4* | 79.7  | 86.0  | 88.2  | 90.0^ |
| Puerto Rico    | 1.1*  | 48.2* | 87.7  | 95.2^ | 98.5^ | 99.2^ |

*Less than 50 percent of claims submitted
^Greater than 90 percent of claims submitted
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COVID-19 Treatment, Acute Care Use, and Testing

Preliminary Medicaid & CHIP Data Snapshot

Services through October 31, 2020
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What You Should Know When Using the Data

- These estimates reflect COVID-19 treatment and outcomes that are covered by Medicaid and CHIP.
- Services covered by other insurance programs, such as Medicare, are not included in these results.
- In 2019, there were 12.3 million dually eligible beneficiaries enrolled in both Medicare and Medicaid.\(^1\)
- These results are unlikely to reflect the full scope of COVID-related treatments for beneficiaries dually eligible for Medicare, as Medicare pays first for Medicare-covered services that are also covered by Medicaid because Medicaid is generally the payer of last resort.\(^2\)
- For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf).

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Medicaid and CHIP beneficiaries treated for COVID-19

Number of Medicaid and CHIP beneficiaries treated for COVID-19 in 2020, by month

Average monthly rate of COVID-19 treatment per 100,000 beneficiaries during the PHE

Beneficiaries treated for COVID-19 in 2020: 1,249,801

Average monthly COVID-19 treatment rate during the PHE: 256.0 per 100,000 beneficiaries

Notes:
- Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to CMS’ Medicare COVID-19 Data Snapshot.
- These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
Medicaid and CHIP beneficiaries under age 19 treated for COVID-19

Average monthly rate of COVID-19 treatment per 100,000 beneficiaries under age 19 during the PHE

Number of Medicaid and CHIP beneficiaries under age 19 treated for COVID-19 in 2020, by month

Average monthly COVID-19 treatment rate during the PHE: 94.7 per 100,000 beneficiaries < age 19

Beneficiaries under age 19 treated for COVID-19 in 2020: 266,986

Notes:
- These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
- Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to CMS' Medicare COVID-19 Data Snapshot.
COVID-19 acute care use among Medicaid and CHIP beneficiaries

Average monthly rate of COVID-19 hospitalizations per 100,000 beneficiaries during the PHE

Number of COVID-19 hospitalizations in 2020: 123,806

Number of acute care services for Medicaid and CHIP beneficiaries treated for COVID-19 in 2020, by month

Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to CMS' Medicare COVID-19 Data Snapshot.
COVID-19 acute care use among Medicaid and CHIP beneficiaries under age 19

Average monthly rate of COVID-19 hospitalizations per 100,000 beneficiaries under age 19 during the PHE

Number of COVID-19 hospitalizations for beneficiaries under age 19 in 2020: 3,796

Average monthly rate of COVID-19 hospitalizations during the PHE: 1.3 per 100,000 beneficiaries < age 19

Number of acute care services for Medicaid and CHIP beneficiaries under age 19 treated for COVID-19 in 2020, by month

Notes:
- These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to CMS’ Medicare COVID-19 Data Snapshot.
Preliminary data show that Medicaid and CHIP paid for more than 9.9 million COVID-19 tests for beneficiaries in 2020.

Average monthly COVID-19 testing rate paid by Medicaid and CHIP per 100,000 beneficiaries during the PHE (March – October 2020): 1,688.6

Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to CMS’ Medicare COVID-19 Data Snapshot.
Preliminary data show that Medicaid and CHIP paid for more than 3.2 million COVID-19 tests for beneficiaries under age 19 in 2020.

Average monthly COVID-19 testing rate paid by Medicaid and CHIP per 100,000 beneficiaries under age 19 during the PHE (March – October 2020): 1,059.0

Average monthly rate of COVID-19 tests or testing-related services paid by Medicaid and CHIP per 100,000 beneficiaries under age 19 during the PHE

Number of COVID-19 tests or testing-related services paid by Medicaid and CHIP among Medicaid and CHIP beneficiaries under age 19 in 2020, by month

Note: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
Service Use Among Medicaid & CHIP Beneficiaries Under Age 19 during the COVID-19 Public Health Emergency

Preliminary Medicaid & CHIP Data Snapshot

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Medicaid and CHIP cover more than 4 in 10 children nationally and provide critical services

• Medicaid and CHIP covered nearly 43 million children between January and October 2020

• The programs cover three quarters of children living in poverty

• Approximately four in ten children covered under the programs have a special health care need


Service use among children under age 19 during the COVID-19 PHE: Key highlights

Preliminary data suggest that, during the PHE:

• Primary, preventive, and mental health service use declined among children under age 19 starting in March 2020.

• Although rates have rebounded for primary and preventive care, millions of services still need to be delivered to make up for those missed between March and October 2020. Of all services examined in this analysis, the smallest rebound between March and October 2020 has been the mental health service use rates.

• Service delivery via telehealth for children increased dramatically in April 2020 compared to prior years.

• The COVID-19 treatment rate for children was low, with ~0.6% receiving treatment for COVID-19 under Medicaid or CHIP and fewer than 3,800 reported hospitalizations so far in 2020.
Preliminary 2020 data show vaccinations among beneficiaries under age 2 declined in April and returned to near prior years’ levels through September, though there was still a gap in vaccinations compared to prior years.

Vaccination rates among beneficiaries under age 2 dropped from 590 per 1,000 in February 2020 to about 503 per 1,000 beneficiaries in April 2020, and then increased to a high of 622 per 1,000 beneficiaries in June 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~9% fewer (1.8 million) vaccinations for children under age 2.

Note: Data for recent months are likely to be adjusted upward due to claims lag.
Preliminary 2020 data show the number of child screening services declined in April and increased through August, but they did not demonstrate the characteristic increase in services prior to the new school year.

Screening rates among children under 19 dropped from 61 per 1,000 beneficiaries in February 2020 to a low of 31 per 1,000 beneficiaries in April 2020 and increased to a high of 75 per 1,000 beneficiaries in August 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~21% fewer (4.6 million) child screening services.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
Preliminary 2020 data show the number of dental services for children declined substantially in April, increased through July, but were still well below prior years’ rates.

Dental service rates among children under 19 dropped from 95 per 1,000 in February 2020 to a low of 8 per 1,000 beneficiaries in April 2020, and increased to a high of about 80 per 1,000 beneficiaries in August 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~39% fewer (11.4 million) dental services.

Note: Data for recent months are likely to be adjusted upward due to claims lag.
Preliminary 2020 data show mental health services for children under age 19 declined starting in March and continue to be substantially below prior years’ levels through October.

Mental health services among children under 19 dropped from 145 per 1,000 beneficiaries in February 2020 to a low of 72 per 1,000 beneficiaries in October 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~34% fewer (14 million) mental health services.

Note: Data for recent months are likely to be adjusted upward due to claims lag.
Preliminary 2020 data show rates of services delivered through telehealth among beneficiaries under age 19 peaked in April and were generally highest in the northeast.

Average monthly rate of services delivered via telehealth per 100,000 beneficiaries under age 19 during the PHE

Number of services delivered via telehealth among Medicaid and CHIP beneficiaries under age 19 in 2020, by month

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
Services Delivered via Telehealth to Medicaid & CHIP Beneficiaries during the COVID-19 Public Health Emergency

Preliminary Medicaid & CHIP Data Snapshot

Services through October 31, 2020
## Services Delivered via Telehealth in Medicaid & CHIP

To identify services delivered via telehealth, we used a combination of Current Procedural Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, place of service codes, and procedure code modifiers.

<table>
<thead>
<tr>
<th>Type of service delivered via telehealth</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation and management services</td>
<td>Routine office visits provided via video</td>
</tr>
<tr>
<td>Virtual check-ins</td>
<td>Remote evaluations of recorded video or images submitted by an established patient followed by a brief (5-10 minute) check-in with a physician or other provider via telephone or other telecommunications device to decide whether an office visit or other service is needed</td>
</tr>
<tr>
<td>Asynchronous electronic communication</td>
<td>Communication with an established patient through a patient portal or other online method, resulting in a digital evaluation and management service</td>
</tr>
<tr>
<td>Remote patient monitoring</td>
<td>Use of digital technologies to collect and transmit health data from individuals to health care providers</td>
</tr>
<tr>
<td>Critical care or interprofessional consults</td>
<td>Consultative services provided through digital technologies</td>
</tr>
<tr>
<td>Other telehealth visits</td>
<td>Any other services provided via telehealth</td>
</tr>
</tbody>
</table>
Use of telehealth during the COVID-19 PHE: Key highlights

Preliminary 2020 data suggest that, during the PHE:

• In the US, services delivered through telehealth spiked in April 2020 and fell from May through October among all age groups

• The rate of telehealth use per 100,000 beneficiaries was highest among adults ages 19 to 64, while children under age 19 and adults age 65 and older had lower, comparable rates

• Use of telehealth varied considerably across states and across ages within states
Preliminary 2020 data show rates of services delivered through telehealth peaked in April, fell through October, and were highest in a few states.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show 67,811,157 more services delivered through telehealth, an increase of 2,745%.

Average monthly rate of services delivered via telehealth per 100,000 Medicaid and CHIP beneficiaries during the PHE.

Number of services delivered via telehealth among Medicaid and CHIP beneficiaries in 2020, by month.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
Preliminary 2020 data suggest that services delivered via telehealth increased for beneficiaries of all ages during the PHE.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.
Services for Mental Health and Substance Use Disorders Among Medicaid & CHIP Beneficiaries during the COVID-19 Public Health Emergency

Preliminary Medicaid & CHIP Data Snapshot

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  - Adults Age 19 to 64  
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- SUD Services for Adults Age 19 to 64  
  Slide 38
Mental health and substance use care in Medicaid and CHIP

- Medicaid is the largest payer for behavioral health services, including both mental health and SUD services, in the US.¹
- Individuals suffering from mental health conditions or SUD face many challenges accessing care and often do not seek treatment.²,³
- As of 2019, nearly a quarter of adult Medicaid and CHIP beneficiaries received mental health or SUD services. Nearly four times as many beneficiaries received mental health services as compared to SUD services.⁴

Mental Health and Substance Use Disorders during the COVID-19 PHE

• Preliminary evidence suggests a sharp increase in the number of adults reporting adverse mental or behavioral health conditions during the COVID-19 pandemic compared to prior years.¹

• Survey data indicate that racial and ethnic minority groups are experiencing higher rates of depression, substance use, and self-reported suicidal thoughts/ideation during the COVID-19 pandemic.²

• Similarly, preliminary evidence indicates an increase in drug-related mortality during the COVID-19 pandemic.³

Mental health and SUD service use among children and adults during the COVID-19 PHE: Key highlights

Preliminary 2020 data suggest that, during the PHE:

- Mental health services and SUD services for adults ages 19 to 64 and children under age 19 dropped substantially in April 2020 and continued to decline through October in nearly all states.

- Compared to prior years’, the number and rate of mental health and SUD services provided to Medicaid and CHIP beneficiaries was substantially lower.

- Intensive SUD services for adults are often delivered in inpatient or partial hospitalization settings, which poses a unique challenge for care delivery during the PHE.
Preliminary 2020 data show mental health services for children under age 19 declined starting in March and continue to be substantially below prior years’ levels through October.

Mental health services among children under 19 dropped from 145 per 1,000 beneficiaries in February 2020 to a low of 72 per 1,000 beneficiaries in October 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~34% fewer (14 million) mental health services.

Note: Data for recent months are likely to be adjusted upward due to claims lag.
Preliminary 2020 data show mental health services for adults ages 19 to 64 decreased through May and have not rebounded to prior years’ levels through October.

Mental health services among adults ages 19 to 64 dropped from 176 per 1,000 beneficiaries in February 2020 to a low of 100 per 1,000 beneficiaries in October 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~22% fewer (12 million) mental health services.

Note: Data for recent months are likely to be adjusted upward due to claims lag.
Preliminary 2020 data show SUD services for adults age 19 to 64 declined starting in March, increased in June, and are still below 2019 levels through October.

SUD services for adults ages 19 to 64 dropped from about 92 per 1,000 beneficiaries in February 2020 to a low of 57 per 1,000 beneficiaries in October 2020.

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~13% fewer (3.6 million) SUD services.

Note: Data for recent months are likely to be adjusted upward due to claims lag.
Questions